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| Certified Copies | | Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE AHASSEE, FLORIDA

2017 APR 28 出 11: 00

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MAY - 1 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 614740 4374025

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: April 25, 2017

ORDER TIME : 12:46 PM

ORDER NO. : 614740-070

CUSTOMER NO: 4374025

FOREIGN FILINGS

NAME: HIGHPOINT CLUB LL, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: Highpoint Club LL, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

| Michelle Kaler | |
|------------------------|---|
| | Name of Person |
| Investcorp | |
| | Firm/Company |
| 280 Park Avenue, | 36W |
| | Address |
| New York, NY 100 |)17 |
| Ci | ty/State and Zip Code |
| realestate@investo | corp.com |
| E-mail address: (to be | used for future annual report notification) |

For further information concerning this matter, please call:

Michelle Kaler

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

te & \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Highpoint Club LL | | | |
|--|--|--|--|
| (Name of Foreign | Limited Liability Company; must include *Limited L | liability Company," "L.L.C.," or "LL | 2.")" |
| | ame adopted for the purpose of transacting business in Florida | a. The alternate name must include "Limited | Limbility Company," "L.L.C," or "LLC.") |
| 2.DE | nich foreign hanted liability company is organized) | 3. | number, if applicable) |
| (Junistiction dister the law of wh | nch foreign firmled hability company is organized) | (FEI) | number, if applicable) |
| 4 | (Date first Impracted business in Florida, if prior to reg | istration.) | |
| - ala Investoara | (Date first immunited business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine | | |
| 5. <u>c/o Investcorp</u> (Street Address of P | rincipal Office) | 6. same (Mailing | Address) |
| 280 Park Avenue | , 36W | | |
| New York, NY 10 | 017 | | |
| 7. Name and street address Name: | s of Florida registered agent: (P.O. Box 1) Corporation Service Company | NOT acceptable) | F APR 2 17 APR 2 SECRETA TALLAHA |
| Office Address: | 1201 Hays Street | | 128 I |
| | Tallahassee | , Florida 32301 | |
| Registered agent's accep | (City) | , Piorida(Zip | S S S |
| | tion, I hereby accept the appointment as a cons of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By: | 1. Fault | act in this saparties at Turkle egree my duties, and I am familiar with Asst. Vice President |
| | (Registered agent's sig | • | |
| 8. The name, title or capa <u>Title or Capacity:</u> | acity and address of the person(s) who has/ Name and Address: | have authority to manage is/ar Title or Capacity: | e: Name and Address: |
| President | F. Jonathan Dracos | Vice President | H. Herbert Myers |
| | c/o Investoorp 280 Park Avenue New York, NY 10017 | | c/o Investcorp 280 Park Avenue New York, NY 10017 |
| Vice President | Brian T. Kelley c/o investoorp 280 Park Avenue New York, NY 10017 | Vice President | J. Michael O'Brien c/o Investcorp 280 Park Avenue New York, NY 10017 |
| (Use attachments if neces | | | |
| | | | slation of the certificate under oath |
| | uted in accordance with section 605.0203 (| (1) (b), Florida Statutes. I am a | ware that any false information |
| submitted in a document to | the Department of State constitutes a third | I degree felony as provided for | in s.817,155, F.S. |

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HIGHPOINT CLUB LL, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHPOINT CLUB LL, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202449449

Date: 04-27-17

6391737 8300 SR# 20172872426